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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

₽	Department Internal Reve	The organization may have to use a copy of this return	to satis	fy state re	porting require	ments		inspecti	
2010	A For the	2006 calendar year, or tax year beginning	and e					<u></u>	
∞	B Check if applicab	Please use IRS				D Employer identification number			er
`	Addre	ss label or mit Kilin CODD				22	2-3779	9212	
SSN	chang	type Number and street (or P.O. hoy if mail is not delivered to street address	:)		Room/suite		phone num		
	Initial	Specific 40 WEST 23RD STREET, 3RD FL.	''		1100111/34110			2-1089	
STATUTE CLEAR.	Final return	Instruc- tions City or town, state or country, and ZIP + 4		nting method Other	X Cash	Accrua			
25	Applie	ation Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable tru	sts	Handl	are not appli			527 organiza	tions.
ž H		must attach a completed Schedule A (Form 990 or 990-EZ).			this a group re				
	G Websit	∷►WWW.TIKVAODESSA.ORG			Yes," enter nu				
35	J Organia	ation type (check only one) ► X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527	H(c) Ar	e all affiliates ii	rcluded			N
	K Check h	ere In the organization is not a 509(a)(3) supporting organization and its gro	ss		"No," attach a this a separate		filed by an	or-	
	receipts	are normally not more than \$25,000 A return is not required, but if the organization			nization cover				XN
	choose	to file a return, be sure to file a complete return		l Gr	oup Exemption	Numb	er ►	N/A	
			_					s not required	to attacl
		ceipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 8, 968, 77			h B (Form 990), 990-l	Z, or 990-l	PF)	
9	Part I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nces					
Š	<u>5</u> 1	Contributions, gifts, grants, and similar amounts received:	ı	ı					
· F==	a a		1a		0.6.6. 1				
-	`	Direct public support (not included on line 1a)	16	8	,966,14	13.	}		
		Indirect public support (not included on line 1a)	10						
\exists	a	Government contributions (grants) (not included on line 1a)	1d	25	7 210	$\overline{}$	1e	8,966,	1/12
		e Total (add lines 1a through 1d) (cash \$ 8,608,825 noncash \$ 357,318) Program service revenue including government fees and contracts (from Part VII, line 93)							143.
	2	•	1e 93)			<u> </u> -	2		
SCANNED JUN	3	Membership dues and assessments Interest on savina 不可能的可能以對 investments	(1)			}-	3		634.
a de la companya de l	5	Interest on savings and the transport investments Dividends and interest from securities Gross rents	/'\\			-	5		034.
\mathbb{Q}	6 a	Gross rents		•		-	-3 -		
U		Less rental expenselUN Q 4 2010	6b				1		
~	_	Net rental income or (loss) Subtract line 6b from line 6a	[00]				6c		
0/-/1	Revenue 8 a	Other investment income (describe >				1	7		
	§ 8 a	Gross amount from sa@@pathother (A) Securities			(B) Other				
/	œ · · ·	than inventory	8a		127 00.00				
Ď	b	Less cost or other basis and sales expenses	8b						
N	C	Gain or (loss) (attach schedule)	38				- 1		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)					8d		
	9	Special events and activities (attach schedule). If any amount is from gaming, check	here 🕨	-					
	а	Grass revenue (not including \$	9a						
	b	Less direct expenses other than fundraising expenses	9b						
	C	Net income or (loss) from special events. Subtract line 9b from line 9a					9c		
	10 a	Gross sales of inventory, less returns and allowances	10a						
	b	•	10b				ļ		
	C	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from	m line 1	0a		<u> </u>	100		
	11	Other revenue (from Part VII, line 103)				_	11	0.000	777
-	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			$\frac{8,968,7}{6,010}$				
	ر 13 در	Program services (from line 44, column (B))			6,810,4				
	8 14 1-	Management and general (from line 44, column (C))					14	643,9	130.
	14 15 16	Fundraising (from line 44, column (D))				ļ	15	413,3	340.
	_ _	Payments to affiliates (attach schedule)					16	7 967	715
-	17	Total expenses. Add lines 16 and 44, column (A) Excess or (deficit) for the year Subtract line 17 from line 12					17	7,867,7 1,101,0	163
	1 10	Execuse of factional for the year. Subtract line 17 HOITH III6 12				- 1 '	10 1	_ , _ U _ , L	, , , ,

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. 1

Form 990 (2006)

2,262,968.

19

20

21_

Net assets or fund balances at beginning of year (from line 73, column (A))

Net assets or fund balances at end of year Combine lines 18, 19, and 20

Other changes in net assets or fund balances (attach explanation)

19

21

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others									
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising				
22a Grants paid from donor advised funds									
(attach schedule)									
(cash \$ 0 • noncash \$ () .								
if this amount includes foreign grants, check here	22:	1							
22b Other grants and allocations (attach schedu (cash \$6281132 • noncash \$ ((e)د (• (STATEMENT 2					
	22t	6,281,132	6,281,132.						
23 Specific assistance to individuals (attach			-,,	1					
schedule)	23								
24 Benefits paid to or for members (attach				1					
schedule)	24]					
25a Compensation of current officers, directors, key	-	,							
employees, etc listed in Part V-A	25a	. o	. 0.	0.	0				
b Compensation of former officers, directors, key			•						
employees, etc listed in Part V-B	25b	0.	. 0.	0.	0				
c Compensation and other distributions, not include			•	•					
above, to disqualified persons (as defined under	,	i							
section 4958(f)(1)) and persons described in									
section 4958(c)(3)(8)	25-								
26 Salaries and wages of employees not	25c								
	200	241,319.		241 210					
included on lines 25a, b, and c	26	241,319.	'	241,319.					
27 Pension plan contributions not included on									
lines 25a, b, and c	27								
28 Employee benefits not included on lines									
25a - 27	28								
29 Payroll taxes	29								
30 Professional fundraising fees	30				 -				
31 Accounting fees	31								
32 Legal fees	32								
33 Supplies	33								
34 Telephone	34	·							
35 Postage and shipping	35								
36 Occupancy	36				·				
37 Equipment rental and maintenance	37				 				
Rrinting and publications	38	17,530.		17,530.					
39 Travel	39	73,320.		73,320.					
Oonferences, conventions, and meetings	40								
Interest	41								
Depreciation, depletion, etc. (attach schedule)	42	200,765.		200,765.					
Other expenses not covered above (itemize)									
a CONSULTING FEES	43a	12,750.		12,750.	_				
b FUNDRAISING COSTS	43b	942,633.	529,287.		413,346.				
c OFFICE EXPENDITURES	43c	17,343.		17,343.					
d PROFESSIONAL FEES	43d	8,339.		8,339.					
e SUNDRY & OTHER	43e	72,584.		72,584.					
f	431								
g	43g								
4 Total functional expenses. Add lines 22a through									
43g (Organizations completing columns (B)-(D),									
carry these totals to lines 13-15)	44	7,867,715.	6,810,419.	643,950.	413,346.				
oint Costs. Check ▶ ☐ If you are following									
re any joint costs from a combined educational campai			orted in (B) Program service	es?	Yes X No				
"Yes," enter (i) the aggregate amount of these joint cos		/ _	ii) the amount allocated to P		N/A				
ii) the amount allocated to Management and general \$		· · · · · · · · · · · · · · · · · · ·	iv) the amount allocated to F	· · · · · · · · · · · · · · · · · · ·	N/A				
23011 1-23-07					Form 990 (2006)				
			_		- 1				

Part III | Statement of Program Service Accomplishments (See the Instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	What is the organization's primary exempt purpose? ►	Program Service Expenses	
clı	All organizations must describe their exempt purpose achievements in a clear and concise manner. Stat clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations.	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)	
а	a SEE STATEMENT 3		-
b	(Grants and allocations \$ 6,281,132.) If this amount includes foreign grants, ch	heck here 🕨 🗓	6,810,419.
c	(Grants and allocations \$) If this amount includes foreign grants, ch	neck here	
	(Grants and allocations \$) If this amount includes foreign grants, ch	neck here	
d	/ It this amount includes foreign grants, on	ieck fiele	
	(Grants and allocations \$) If this amount includes foreign grants, che	eck here	
e e	Other program services (attach schedule)		
	(Grants and allocations \$) If this amount includes foreign grants, che	eck here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	D	6,810,419.
		·	Form 990 (2006)

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Form 990 (2006)

TIKVA CORP.

Pa	art IV	Balance Sheets (See the instructions)					
Not		ere required, attached schedules and amounts vuld be for end-of-year amounts only.	vithin the	e description column	(A) Beginning of year		(B) End of year
					407 000		547 750
	45	Cash - non-interest-bearing			497,093.		547,752.
	46	Savings and temporary cash investments				46	
	47 a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48 a	Pledges receivable .	48a				! !
	b	Less: allowance for doubtful accounts	_48b			48c	
	49	Grants receivable .				49	
	50 a		directors	s, trustees, and			ı
		key employees				50a	
	b	Receivables from other disqualified persons (a			 	-05	
Assets		4958(f)(1)) and persons described in section 4	1 ' ' ')(B)		50b	
Ass	1		51a 51b	<u> </u>			
	52	Less allowance for doubtful accounts Inventories for sale or use	[310	<u> </u>		51ε 52	
	53	Prepaid expenses and deferred charges				53	
	54 a	Investments - publicly-traded securities	Cost FMV	<u> </u>	54a	· · · · · · · · · · · · · · · · · · ·	
	b	Investments - other securities	Cost FMV		54b		
	55 a	Investments - land, buildings, and				0.10	
	** *	equipment: basis	55a				
	Ì						
	Ь	Less: accumulated depreciation	55b			55c	
	56	Investments · other				56	
	57 a	Land, buildings, and equipment: basis	57a	3,431,779. 216,563.			
	þ	Less: accumulated depreciation	57b	216,563.	664,813.	57c	3,215,216.
	58	Other assets, including program-related investments	;				
	ł	(describe >)	1 161 006	58	2 762 060
	59	Total assets (must equal line 74) Add lines 45	through	58	1,161,906.	59	3,762,968.
	60	Accounts payable and accrued expenses				60	
	61	Grants payable			·	61	
Ś	62	Deferred revenue				62	
lities	63	Loans from officers, directors, trustees, and ke	y emplo	yees		63	
Lıabil	l	Tax-exempt bond liabilities Mortgages and other notes payable		•		64a 64b	
_	65		EE S	ratement 4		65	1,500,000.
						-	
	66	Total liabilities. Add lines 60 through 65			0.	66	1,500,000.
	Orga	nizations that follow SFAS 117, check here	▶ □ ;	and complete lines			
vs .		67 through 69 and lines 73 and 74.					
Ce	67	Unrestricted				67	
alar	68	Temporarily restricted				68	
B	69	Permanently restricted		ਦਿ		69	
Ë	Orga	nizations that do not follow SFAS 117, check	here >	· LAI and		1	
or F	70	complete lines 70 through 74.			0.		0.
sts	70	Capital stock, trust principal, or current funds			0.	70	0.
ASSI	71	Paid-in or capital surplus, or land, building, and	1,161,906.	71	2,262,968.		
Net Assets or Fund Balances	72 73		ed earnings, endowment, accumulated income, or other funds It assets or fund balances. Add lines 67 through 69 or lines 70 through 72				2,202,300.
z		(Column (A) must equal line 19 and column (B) must	1,161,906.	73	2,262,968.		
	74	Total liabilities and net assets/fund balances			1,161,906.	74	3,762,968.
						- · · 	Form 990 (2006)

P	art IV-A	Reconciliation of Revenue per Audited Fina instructions.)	ancial Statements V	Vith Revenue	oer R	eturn (S	See the
	Total reve	enue, gains, and other support per audited financial statem	ents			Ta 8	,968,777.
a b		included on line a but not on Part i, line 12:	ents				75007777
1		alized gains on investments		b1			
2		services and use of facilities	•	b2		-	
2		es of prior year grants		b3		1	
4		, , , ,		b4		1	
7		b1 through b4				16	0.
C		line b from line a	•	•			,968,777.
d		included on Part I, line 12, but not on line a:	•				, ,
1		nt expenses not included on Part I, line 6b		d1			
2	Other (sp			d2		1	
		d1 and d2				1 d	0.
e	Total rev	enue (Part I, line 12) Add lines c and d			•		,968,777.
Pŧ	art IV-B	Reconciliation of Expenses per Audited Fin	ancial Statements	With Expenses	per		
а	Total expe	enses and losses per audited financial statements		,		a 7	,867,715.
b	Amounts	included on line a but not on Part I, line 17:					
1	Donated s	services and use of facilities		b1			
2	Prior year	adjustments reported on Part I, line 20		b2			
3	Losses re	ported on Part I, line 20		b3			
4	Other (spe	ecify).		b4]	_
	Add lines	b1 through b4				ь	0.
C		ine b from line a	•			c 7,	,867,715.
d		included on Part I, line 17, but not on line a:	1	1			
1	Investmer	nt expenses not included on Part I, line 6b		d1			
2	Other (spe	••		d2			•
	Add lines					d 7	0.
8	Total exp	enses (Part !, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke	Transactive		₽		867,715.
Pa		or key employee at any time during the year even if they we				nicer, aire	ctor, trustee,
			(B) Title and average hours	(C) Compensation		ntributions to byee benefit & deferred	(E) Expense
		(A) Name and address	per week devoted to position	(If not paid, enter	plans	s & deferred	account and other allowances
				1	Joonnpe	Notice plans	,
					1		
ĒĒ.	E STAI	EMENT 5		0.		0.	_ 0.
						 	
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	m 990 (2006) TIKVA CORP.			22-3779	212	<u>P</u>	age 6				
P	art V-A Current Officers, Directors, Trustees, and K	ey Employees (continu	ued)			Yes	No				
75	Enter the total number of officers, directors, and trustees permitted	l to vote on organization bu	siness at board								
	meetings		>	27							
	Are any officers, directors, trustees, or key employees listed in Forr	n 990. Part V-A, or bighest o	compensated emp	lovees			ĺ				
	listed in Schedule A, Part I, or highest compensated professional a						ĺ				
	Part II-A or II-B, related to each other through family or business rela						ĺ				
	the individuals and explains the relationship(s)		SEE STATEM	ENT 6	75b	Х					
	Do any officers, directors, trustees, or key employees listed in Form	990 Part V-Δ or highest c	ompensated empl	0.4998							
	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A,										
	Part II-A or II-B, receive compensation from any other organizations				1		į				
	organization? See the instructions for the definition of "related orga				75c	X					
	If "Yes," attach a statement that includes the information described	In the instructions.									
	Does the organization have a written conflict of interest policy?				75d		Х				
P	art V-B Former Officers, Directors, Trustees, and Ke	ey Employees That R	eceived Com	pensation	or Ot	her					
	Benefits (If any former officer, director, trustee, or key e	mployee received compens	sation or other ben	efits (describe	d belo	w) dun	ing				
	the year, list that person below and enter the amount of co	empensation or other benef	·			structio	ns.)				
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions employee benefit		E) Exper					
	NONE	(b) Louis and Novanoco	enter -0-)	plans & deferred compensation pla		ccount a er allowa					
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Pa	rt VI Other Information (See the Instructions.)	·L			'	Yes	No				
76	Did the organization make a change in its activities or methods of co	nducting activities? If "Yes	.* attach a detailer								
	statement of each change		,		76	İ	Х				
77	Were any changes made in the organizing or governing documents by	out not reported to the IRSS	,	-	77		X				
If "Yes," attach a conformed copy of the changes.											
78 a	Did the organization have unrelated business gross income of \$1,000) or more during the year or	overed by this retu	rn?	78a		Х				
b If "Yes," has it filed a tax return on Form 990-T for this year?											
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement											
was there a inquidation, dissolution, termination, or substantial contraction during the year? If *Yes,* attach a statement library is the organization related (other than by association with a statewide or nationwide organization) through common											
u	membership, governing bodies, trustees, officers, etc., to any other e				80a		Х				
b	If "Yes," enter the name of the organization ► N/A	Actific of nonexempt organ	nzation (ļ-	<u></u>						
u	11/11	and check whether it is	Javamet as [
31 a	Enter direct or indirect political expenditures. (See line 81 instructions		_i exempt or built	nonexempt 0.							
	Did the organization file Form 1120-POL for this year?	٠.,	81a		91h	ŀ	Х				
	District organization mo . Grid 1 120 1 Or (O) (IIIs year?				81b Form 9	90 (20					
					🗸	1-0	1				

22 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? S24		m 990 (2006) TIKVA CORP.	22-377	9212		Page
let Yes, you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. 82b N/A					Yes	No
b if Yes, You may indicate the value of these terms here. Do not include this amount are revenue in Part I it or sail expense in Part III. See instructions in Part III. 10 but the organization compsy with the public inspection requirements for returns and exemption applications? 11 but the organization compsy with the disclosure requirements retaining to quid prolife outproved the part of the pa	82 8	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or	at substantially			
amount as revenue in Part I or as an expense in Part II. Spe instructions in Part III				82a		X
See enstructions in Part III.) 3	t	If "Yes," you may indicate the value of these items here. Do not include this				
83 a Did the organization comply with the disclosing requirements for returns and exemption applications? b Did the organization comply with the disclosing visit has descended by the property of the prope		amount as revenue in Part I or as an expense in Part II.	_			
a D the organization comply with the disclosure requirements relating to quid pro quo contributions? 8			N/A			1
84 bit the organization solicit any contributions or gifts that were not tax deductible? bit 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Solfo(A), (6), or (6) organizations a Were substantially all dues nondeductible by members? N/A SSB SOLFO(A), (6), or (6) organizations a Were substantially all dues nondeductible by members? N/A SSB Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A SSB N/A If 'Yes' was answered to ether 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax overed for the prior year. c Dues, assessments, and similar amounts from members a Agregate nondeductible amount of section 6033(e)(1)(A) dues notices A Agregate nondeductible amount of section 6033(e)(1)(A) dues notices A Agregate nondeductible amount of section 6033(e)(1)(A) dues notices A Agregate nondeductible amount of section 6033(e)(1)(A) dues notices A Agregate nondeductible on part year. If Taxable amount of lobbying and political expenditures (ine 85d less 85e) Borest nondeductible amount of section 6033(e)(1)(A) dues notices A BSB N/A If Taxable amount of lobbying and political expenditures for the following tax year? N/A SSG Solfo(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(83a		<u> </u>
b 1*Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 501(a)(4), (5), or (8) organizations a Were substantially all dues nondeductible by members? N/A 850 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 850 1*Yes* was answered to tehe f85 or 850, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members 85c N/A 85d N/A d Section 162(e) lobbying and political expenditures 85d 85d N/A 85d N/A d Section 162(e) lobbying and political expenditures (in 85d less 85e) N/A 85d N/A d Section 162(e) lobbying and political expenditures (in 85d less 85e) N/A 85d N/A d Section 162(e) lobbying and political expenditures (in 85d less 85e) N/A 85d N/A 85d N/A d Section 6033(e)(1)(A) dues notices were sent, does the organization signet to add the amount on line 85f N/A 85d	t			83b	X	<u> </u>
tax doductible? Soft (c)(4,6), or (6) organizations a Were substantially all dues nondeductible by members? N/A B5b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to ether 85a or 95b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the peny year. Dues, assessments, and similar amounts from members waver for proxy tax owed for the peny year. Dues, assessments, and similar amounts from members should be seen to the second of the				84a	ļ	X
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 858	b					
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if "Yes," complete Part IX At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 9 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0 . section 4912 ▶ 0 . section 4955 ▶ 0. b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? For supporting organizations and sponsoring organization, have excess business holdings at any time during the year? List the states with which a copy of this return is filed ▶NJ, NY Number of employees employed in the pay period that includes March 12, 2006 Telephone no ▶ 917-262-1089 Located at ▶ C/O ECKO, 40 WEST 23RD STREET, 3RD FLOOR, NEW YO ZIP+4 ▶ 10010 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	88 a					
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If "Yes," enter the name of the foreign country ► N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	b			<u> </u>		No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			? [91b		X
·		· · · · · · · · · · · · · · · · · · ·				
and Financial Accounts.		•				
		and Financial Accounts.				

Part VI Other Information (co	A CORP.				22-	3779212 Page Yes N
c At any time during the calendar year		ation mainta	ain an office outside	of the Unite	d States?	91c X
if "Yes," enter the name of the fore			I/A			
Section 4947(a)(1) nonexempt chai	ntable trusts filing	Form 990 in	lieu of Form 1041-	Check here		▶ 🗌
and enter the amount of tax-exemp				·	▶ 92	N/A
Part VII Analysis of Income-	Producing Ac					
lote: Enter gross amounts unless other	wise	(A)	d business income	(C)	by section 512, 513, or 514	(E)
ndicated.		Business	(B) Amount	Exclu- sion	(D) Amount	Related or exempt
3 Program service revenue:	<u> </u>	code		code		function income
a		-	 	+-+		
b	·····					
<u> </u>						
		<u>-</u>				
f Made and Made and a support				 		
 f Medicare/Medicaid payments g Fees and contracts from government 	+					
 Membership dues and assessments 	<u> </u>		· · · · · · · · · · · · · · · · · · ·	 		
interest on savings and temporary cash i				14	2,634.	
Dividends and interest from securities	ļ			 	2,001.	
Net rental income or (loss) from real	ļ		······			
a debt-financed property						\
not debt-financed property	ļ					
Net rental income or (loss) from pers	onal property					
Other investment income						
Gain or (loss) from sales of assets		"				
other than inventory						
Net income or (loss) from special eve	ents					
! Gross profit or (loss) from sales of in	ventory					
Other revenue						
a						
b						
i						
]					2 624	
Subtotal (add columns (B), (D), and (I			0	•	2,634.	2 624
Total (add line 104, columns (B), (D),			6.41		▶_	2,634
e: Line 105 plus line 1e, Part I, should				- 1 D		
art VIII Relationship of Activ						
Explain how each activity for whice exempt purposes (other than by p				eo importantiy	to the accomplishment of	the organization's
Statup parposes (editor than by p	noviding failes for s	- Pulposos	•)			
						
			,		.,	
			· · · · · · · · · · · · · · · · · · ·	-		
art IX Information Regardin	g Taxable Su	bsidiarie	s and Disregard	led Entitio	S (See the instructions	r.)
(A)	(B)		(C)		(D)	(E)
ame, address, and EIN of corporation, partnership, or disregarded entity o	Percentage of wnership interest	N	lature of activities		Total income	End-of-year assets
	%					
N/A	%					_
	%					
	%					
rt X Information Regardin	g Transfers A	ssociate	d with Persona	Benefit (Contracts (See the II	nstructions)
) Did the organization, during the year, rece	eive any funds, direc	ctly or indirect	ly, to pay premiums or	n a personal be	enefit contract?	Yes X No
) Did the organization, during the year, pay			on a personal benefit c	ontract?		Yes X No
ote: If "Yes" to <mark>(b),</mark> file Form 8870 and I	Form 4720 (see in	structions)				

Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Sign Signature of officer Date Here Type or print name and title Check if self-Date Preparer's SSN or PTIN (See Gen Inst X) Preparer's Paid signature employed > Preparer's Firm's name (or MAHONEY COHEN & COMPANY, CPA, EIN 🏲 yours if self-employed), Use Only 1065 AVENUE OF THE AMERICAS address, and ZIP + 4

NEW YORK, NY 10018

Form **990** (2006)

Phone no $\triangleright 212-790-5700$

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Employer identification number

TIKVA CORP. 22 3779212 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (b) Title and average hours (a) Name and address of each employee paid (c) Compensation per week devoted to more than \$50,000 position allowances DIRECTOR-DEVELOPMENT EMILY LEHRMAN 40.00 NEW HAVEN, CT 06511 105,489 YONNI WATTENMAKER DIRECTOR-DONOR DEVEL BEDFORD, NY 10506 40.00 55,361 Total number of other employees paid 0 over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over 0 \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over 0 \$50,000 for other services

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
lobbying activities 🕨 \$ \$ (Must equal amounts on line 38, Part VI-A, o	r		
line i of Part VI-B)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
e Transfer of any part of its income or assets?	2e		<u>X</u>
3 a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			
the organization determines that recipients qualify to receive payments)	3a		Х
b Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3ε		<u> </u>
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3đ		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
and 4g	4a		X
b Did the organization make any taxable distributions under section 4966? N/A	4b		
${f c}$ Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		- 1
d Enter the total number of donor advised funds owned at the end of the tax year		N/I	<u> </u>
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/I	<u> </u>
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2006

Par	t IV	Reason for Non-Private Foundation	Status (See pages 4 t	through 7 of the instruction	ons)							
l certi	fy that th	e organization is not a private foundation because it is	(Please check only ONE a	applicable box)								
5		A church, convention of churches, or association of cl	·									
6		A school Section 170(b)(1)(A)(II) (Also complete Par	rt V)									
7		A hospital or a cooperative hospital service organization	on Section 170(b)(1)(A)(m)								
8		A federal, state, or local government or governmental	unit. Section 170(b)(1)(A	i)(v)								
9		A medical research organization operated in conjunction	on with a hospital Sectio	n 170(b)(1)(A)(III) Enter	the hospital	's name, city,						
		and state					-					
10		An organization operated for the benefit of a college or	r university owned or ope	rated by a governmental	unit Section	170(b)(1)(A)((IV)					
		(Also complete the Support Schedule in Part IV-A)										
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
		Section 170(b)(1)(A)(vi) (Also complete the Support	Schedule in Part IV-A)									
11b		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)										
12		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross										
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of										
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the grantist the Support Sabadula in Bart IV(A)										
	by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)											
13		An organization that is not controlled by any disqualifie	•	undation managers) and	otherwise m	eets the requir	ements of section					
		509(a)(3) Check the box that describes the type of supporting organization										
		Type I Type II Type III-Functionally Integrated Type III-Other										
		Provide the following information al	bout the supported organ	nizations. (See page 7 of	the instructi	ons)						
		(a)	(b)	(c)	(d		(e)					
		Name(s) of supported organization(s)	Employer	Type of organization	1	upported	Amount of					
			identification	(described in lines	organizatı	on listed in	support					
			number (EIN)	5 through 12 above or IRC section)		porting zation's						
				di ino section)		documents?						
						. 1						
					Yes	No						
												
			-									
			ļ	İ								
-							•					
Total												
14		An organization organized and operated to test for public	ic safahi, Saction 500/a\/	A) (See page 7 of the inc	tructions \							

Schedule A (Form 990 or 990-EZ) 2006

Pa	Note: You may use	Complete only if you che worksheet in the insi	ecked a box on line 10), 11, or 12.) Use cash	n method of account	t ing. countina.
	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)		4,318,658.	3,319,794.	1,519,113	. 15,348,086
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, an unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	- d	2,379.			3,579
19	Net income from unrelated busines	S				
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	3				
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	6,191,721.	4,321,037.	3,319,794.	1,519,113.	15,351,665
24	Line 23 minus line 17	6,191,721.	4,321,037.	3,319,794.	1,519,113.	15,351,665
25	Enter 1% of line 23	61,917.	43,210.	33,198.	15,191.	
26	Organizations described on lines		• •		. <u>26a</u>	307,033
b	Prepare a list for your records to sh		•	,	t t	
	unit or publicly supported organizat	•	<u> </u>	ded the amount shown in	_ !	1 725 221
	Do not file this list with your return				≥ 26b	4,725,331.
	Total support for section 509(a)(1)		· ·		► 26c	15,351,005
a	Add Amounts from column (e) for	lines 18	3,579. 19 26b	4,725,33	1 000	4,728,910.
е	Public support (line 26c minus line	· · · · · · · · · · · · · · · · · · ·		4,723,33	1 · 26d ► 26e	10,622,755
- 1	Public support percentage (line 26	•	line 26c (denominator))		261	69.1961%
' _27	Organizations described on line 12					
	records to show the name of, and to such amounts for each year					
	(2005)	(2004)	(20	003)	(2002)	
b	For any amount included in line 17 tand amount received for each year,		•		re a list for your records	
	described in lines 5 through 11b, as		-		•	•
	the larger amount described in (1) o (2005)	·	se differences (the excess		N/A (2002)	
C	Add Amounts from column (e) for I			16		
				21	<u>27c</u>	N/A
d	Add Line 27a total		line 27b total		<u> 27d</u>	N/A
e	Public support (line 27c total minus	•			► 27e	N/A
f	Total support for section 509(a)(2) I				N/A	N/A %
-	Public support percentage (lin Investment income percentage		-	• •	> 27g > 27h	N/A % N/A %
	nusual Grants: For an organization					
1s	now, for each year, the name of the c sturn. Do not include these grants in	ontributor, the date and am	nount of the grant, and a b	orief description of the nat	ture of the grant Do not	file this list with your

623131 01-18-07

NONE

Schedule A (Form 990 or 990-EZ) 2006

Private School Questionnaire (See page 9 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nonoiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a 32b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student 32c admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 32d if you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to 33a a Students' rights or privileges? 33b b Admissions policies? c Employment of faculty or administrative staff? 33c d Scholarships or other financial assistance? 33d

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,

34 a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

b Has the organization's right to such aid ever been revoked or suspended?

Schedule A (Form 990 or 990-EZ) 2006

33e 33f

33g

34a 34b

e Educational policies?

h Other extracurricular activities?

f Use of facilities? g Athletic programs?

Ē		Expenditures by E	lecting Public Chari		age 10	of the instructions)		N/A
Ch	eck 🕨 a 🔲 if the organiz	zation belongs to an affiliate	d group Check	▶ b if	you ch	ecked "a" and "limited	contro	l" provisions apply
	L	imits on Lobbying	Expenditures			(a) Affiliated group)	(b) To be completed for all
_	(The te	rm "expenditures" means an	nounts paid or incurred)			totals		electing organizations
						N/A		
36	Total lobbying expenditures	to influence public opinion (grassroots lobbying)		36			ļ
37	• • •	•	ly (direct lobbying)		37			
38	, , , , , , , , , , , , , , , , , , , ,	•	•		38			
39	• • • •				39			
40					40			
41	- , ,							
	If the amount on line 40 is -	·	ng nontaxable amount is -					'
	Not over \$500,000		mount on line 40					
	Over \$500,000 but not over \$1,000		s 15% of the excess over \$500,000	- [44			
	Over \$1,000,000 but not over \$1,5	•	s 10% of the excess over \$1,000,0	ſ	41		•••••	
	Over \$1,500,000 but not over \$17,	\$225,000 piu \$1,000,000	s 5% of the excess over \$1,500,00	,				
12	Over \$17,000,000 Grassroots nontaxable amou				42			
43		,	than line 36		43			
44			ter -0- if line 41 is more than line 38					
7.7	Oubtract and Tritom and Co				44			
	Caution: If there is an amo	ount on either line 43 or l	ine 44, you must file Form	4720				
			structions for lines 45 through Lobbying Exper			ar Averaging Period		N/A
	endar year (or al year beginning in)	(a) (b) (c) 2006 2005 200			1	(d) 2003		(e) Total
	Lobbying nontaxable							-
	amount							0.
46	Lobbying ceiling amount (150% of line 45(e))							0.
47	Total lobbying							
	expenditures							0.
48	Grassroots nontaxable							
	amount			 				0.
49	Grassroots ceiling amount							0
	(150% of line 48(e))							0.
ວບ	Grassroots lobbying							0.
P	expenditures art VI-B Lobbying A	Activity by Nonelec	ting Public Charities	9	.	<u> </u>		
			I not complete Part VI-A) (See		ne instri	uctions)		N/A
Dur	ing the year, did the organization					t to		
	ience public opinion on a legis		-			Yes	Nο	Amount
	Volunteers		J					
b	Paid staff or management (Inc	clude compensation in expe						
C	c Media advertisements							
d Mailings to members, legislators, or the public								
е	Publications, or published or l							
f Grants to other organizations for lobbying purposes								
g Direct contact with legislators, their staffs, government officials, or a legislative body								
	Rallies, demonstrations, semi		, lectures, or any other means	s				
j	Total lobbying expenditures (A if "Yes" to any of the above, al		a detailed description of the I	lobbying activi	ities	<u> </u>		0.

Pa				d Relationships With Noncha	ritable		
							
51							
				olitical organizations?	ſ	Voc	T No.
а		ganization to a noncharitable exemp	ot organization of		E4 = (.)	162	
	• •						
	• •				a(11)		
b					L/11		J.
							
	• •		1		- `		+
							
	• •	ents					
	• •						-
	• •						-
C				alice of the	. [6]		Λ
đ							
					,	NT / 7A	
			of the goods, other assets, o			N/A	
	(D) (C) Amount involved Name of noncharitable exempt organization Description			Description of transfers transactions, an	d sharing arr	ander	nents
	Allouit involved	Name of the normality and or		2000 pto 1 of translater, tran			
(i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Ves," complete the following schedule. Column (b) should always show the fair market value goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in a transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) Name of noncharitable exempt organization. Description of transfers, transfe	-						
							
							
							
							
		·			·		
	Code (other than section 501(c)) if "Yes," complete the following s	(3)) or in section 527? chedule N/A		▶ [Yes	X] No
	(a) Name of org	anization	(b) Type of organization		ship		
		· · · · · · · · · · · · · · · · · ·					
							
		· · · · · · · · · · · · · · · · · · ·					
			to a noncharitable exempt organization of Sta(i) X A A A A A A A A A				

FOOTNOTES

STATEMENT

SETH GERSZBERG RECEIVES COMPENSATION FROM MARC ECKO ENTERPRISES, A RELATED ORGANIZATION.

SETH GERSZBERG IS PRESIDENT OF TIKVA CORP.AND CHIEF EXECUTIVE OFFICER OF MARC ECKO ENTERPRISES,
E.I.N. # 56-2485348. HE THEREBY EXERCISES
SUBSTANTIAL INFLUENCE OVER BOTH ORGANIZATIONS.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 2
CLASS OF ACTIVIT	Y/DONEE'S NAME AND ADDRESS	AMOUNT
CHILDREN'S HOMES OHR DESSA PROJEC	r	2,521,485
ODESSA, UKRAINE		
SCHOOL OHR DESSA PROJECT	Γ	2,310,075
ODESSA, UKRAINE		
COMMUNITY OHR DESSA PROJECT	ם	1,131,864.
ODESSA, UKRAINE		
HUMANITARIAN OHR DESSA PROJECT	י.	317,708.
ODESSA, UKRAINE		
FOTAL INCLUDED ON	FORM 990, PART II, LINE 22B	6,281,132.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

DESCRIPTION OF PROGRAM SERVICE ONE

CONSISTENT WITH TIKVA'S PRIMARY PURPOSE AS MORE FULLY DESCRIBED IN STATEMENT 5, DURING 2006 THE ORGANIZATION PROVIDED FUNDS TO A UKRAINIAN ORPHANAGE SERVING UNDERPRIVILEGED CHILDREN. SUCH FUNDS WERE EXPENDED TO PROVIDE HOUSING FOR ABANDONED, ORPHANED AND ABUSED CHILDREN; FUNDS FOR TEACHER SALARIES, RENT, MAINTENANCE, FOOD, SCHOOL TRANSPORTATION AND OTHER RELATED COSTS ASSOCIATED WITH MAINTAINING THE HEALTH, WELFARE AND SOCIAL NEEDS OF THE CHILDREN IN THE ORPHANAGE.

TO FORM 990, PART III, LINE A	GRANTS 6,281,132.	EXPENSES 6,810,419.		
FORM 990 · OTHER LIABILITIES		STATEMENT 4		
DESCRIPTION		AMOUNT		
NOTE PAYABLE-UNRELATED 3RD PARTY LENDER		1,500,000.		
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		1,500,000.		

FORM 990 PART V-A - LIST OF CU TRUSTEES A	RRENT OFFICERS, ND KEY EMPLOYEES			STATEMENT 5		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE		
SETH M. GERSZBERG C/O ECKO, 40 WEST 23RD STREET, 3RD FLOOR NEW YORK, NY 10010	PRESIDENT 0.00	0.	0.	0.		
RABBI SHLOMO BAKSHT 25 YEVRESKIA STREET ODESSA, UKRAINE	VICE PRESIDENT 0.00	0.	0.	0.		
EDWARD FRANKEL 478 MANNER DRIVE JUPITER, FL 33477	CHAIRMAN 0.00	0.	0.	0.		
RICHARD THRUSH C/O ECKO, 40 WEST 23RD STREET, 3RD FLOOR NEW YORK, NY 10010	TREASURER 0.00	0.	0.	0.		
ANDREW J. STAMELMAN C/O RIKER DANZIG, 1 SPEEDWELL AVE MORRISTOWN, NJ 07960	SECRETARY 0.00	0.	0.	0.		
ETHAN KEISER 591 NORTH FORREST DRIVE TEANECK, NJ 07666	TRUSTEE 0.00	0.	0.	0.		
MARTIN PAISNER BOUVERIE HOUSE, 154 FLEET ST. LONDON, ENGLAND, UK EC4A2JD	TRUSTEE 0.00	0.	0.	0.		
WARREN STEIGLITZ 46 HIDDEN LEDGE ROAD ENGLEWOOD, NJ 07631	TRUSTEE 0.00	0.	0.	0.		
SANDRA PIONTAK 1000 NORTH STUDEBAKER RD, STE 6 LONG BEACH, CA 90815	TRUSTEE 0.00	0.	0.	0.		
ROSE GERSZBERG C/O ECKO, 40 WEST 23RD STREET, 3RD FLOOR NEW YORK, NY 10010	TRUSTEE 0.00	0.	0.	0.		

TIKVA CORP.			22-3779212		
MOREY GOLDBERG C/O CMS CO., 1926 ARCH STREET PHILADELPHIA, PA 19103	TRUSTEE 0.00	0.	0.	0.	
CARLA HARMAN 46 HIDDEN LEDGE ROAD ENGLEWOOD, NJ 07631	TRUSTEE 0.00	0.	0.	0.	
REFAEL KRUSKAL 25 EVRAISKAYA STREET ODESSA, UKRAINE	TRUSTEE 0.00	0.	0.	0.	
STEVEN POZNAK C/O VISION PROD., 601 MURRAY ROAD EAST HANOVER, NJ 07936	TRUSTEE 0.00	0.	0.	0.	
JACOB SAFRIN 7 HOLLY CIRCLE MONSEY, NY 10952	TRUSTEE 0.00	0.	0.	0.	
LENNY KRAYZELBURG 9000 CYNTHIA STREET, STE 204 WEST HOLLYWOOD, CA 90069	TRUSTEE 0.00	0.	0.	0.	
EFFY ZINKIN C/O ECKO, 40 WEST 23RD STREET, 3RD FLOOR NEW YORK, NY 10010	TRUSTEE 0.00	0.	0.	0.	
LEAH FRANKEL 478 MARINER DRIVE JUPITER, FL 33477	TRUSTEE 0.00	0.	0.	0.	
HAYLEY GERSZBERG C/O ECKO, 40 WEST 23RD STREET, 3RD FLOOR NEW YORK, NY 10010	TRUSTEE 0.00	0.	0.	0.	
LENNY PIONTAK 1000 NORTH STUDEBAKER RD, STE 6 LONG BEACH, CA 90815	TRUSTEE 0.00	0.	0.	0.	
MARC ECKO C/O ECKO, 40 WEST 23RD STREET, 3RD FLOOR NEW YORK, NY 10010	TRUSTEE 0.00	0.	0.	0.	
JACOB ENGEL 10 GEL COURT MONSEY, NY 10952	TRUSTEE 0.00	0.	0.	0.	

TIKVA CÖRP.			22-3	779212
SYDNEY FABER 42 RUSSELL GARDEN LONDON, ENGLAND, UK NW119NL	TRUSTEE 0.00	0.	0.	0.
MARCI TAPPER C/O ECKO, 40 WEST 23RD STREET, 3RD FLOOR NEW YORK, NY 10010	TRUSTEE 0.00	0.	0.	0.
DREW WEIDHORN C/O PACKAGE ALL, 655 CHURCH ST BAYPORT, NY 11705	TRUSTEE 0.00	0.	0.	0.
OKSANA BAIUL C/O NORTH SPORTIF, 350 5TH AVE.,	TRUSTEE			
STE 1814 NEW YORK, NY 10018	0.00	0.	0.	0.
ROBERT SPIVAK C/O CMS CO., 1926 ARCH STREET PHILADELPHIA, PA 19103	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART	V-A	0.	0.	0.

INDIVIDUAL'S NAME TITLE OR ROLE LEAH FRANKEL TRUSTEE	STATEMENT		
INDIVIDUAL'S NAME EXPLANATION OF RELATIONSHIP BROTHER-SISTER INDIVIDUAL'S NAME EDWARD FRANKEL INDIVIDUAL'S NAME TITLE OR ROLE CHAIRMAN TITLE OR ROLE TRUSTEE			
MARCI TAPPER TRUSTEE EXPLANATION OF RELATIONSHIP BROTHER-SISTER INDIVIDUAL'S NAME TITLE OR ROLE EDWARD FRANKEL CHAIRMAN INDIVIDUAL'S NAME TITLE OR ROLE LEAH FRANKEL TRUSTEE			
EXPLANATION OF RELATIONSHIP BROTHER-SISTER INDIVIDUAL'S NAME EDWARD FRANKEL INDIVIDUAL'S NAME INDIVIDUAL'S NAME TITLE OR ROLE TITLE OR ROLE TRUSTEE			
BROTHER-SISTER INDIVIDUAL'S NAME EDWARD FRANKEL INDIVIDUAL'S NAME TITLE OR ROLE CHAIRMAN INDIVIDUAL'S NAME TITLE OR ROLE TRUSTEE			
INDIVIDUAL'S NAME EDWARD FRANKEL CHAIRMAN INDIVIDUAL'S NAME TITLE OR ROLE TRUSTEE TRUSTEE			
EDWARD FRANKEL CHAIRMAN INDIVIDUAL'S NAME TITLE OR ROLE TRUSTEE			
INDIVIDUAL'S NAME TITLE OR ROLE			
LEAH FRANKEL TRUSTEE			
EXPLANATION OF RELATIONSHIP			
HUSBAND-WIFE			

TITLE OR ROLE

SYDNEY FABER

TRUSTEE

INDIVIDUAL'S NAME

TITLE OR ROLE

HAYLEY GERSZBERG

TRUSTEE

EXPLANATION OF RELATIONSHIP

FATHER-DAUGHTER

INDIVIDUAL'S NAME

TITLE OR ROLE

SETH GERSZBERG

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

HAYLEY GERSZBERG

TRUSTEE

EXPLANATION OF RELATIONSHIP

HUSBAND-WIFE

TITLE OR ROLE

ROSE GERSZBERG

TRUSTEE

INDIVIDUAL'S NAME

TITLE OR ROLE

SETH GERSZBERG

PRESIDENT

EXPLANATION OF RELATIONSHIP

MOTHER-SON

INDIVIDUAL'S NAME

TITLE OR ROLE

SANDRA PIONTAK

TRUSTEE

INDIVIDUAL'S NAME

TITLE OR ROLE

LENNY PIONTAK

TRUSTEE

EXPLANATION OF RELATIONSHIP

HUSBAND-WIFE

TITLE OR ROLE

SETH GERSZBERG

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

RICHARD THRUSH

TREASURER

EXPLANATION OF RELATIONSHIP

BUSINESS RELATIONSHIP

INDIVIDUAL'S NAME

TITLE OR ROLE

SETH GERSZBERG

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

EFFY ZINKIN

TRUSTEE

EXPLANATION OF RELATIONSHIP

TITLE OR ROLE

SETH GERSZBERG

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

MARC ECKO

TRUSTEE

EXPLANATION OF RELATIONSHIP

BUSINESS RELATIONSHIP

INDIVIDUAL'S NAME

TITLE OR ROLE

SETH GERSZBERG

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

MARCI TAPPER

TRUSTEE

EXPLANATION OF RELATIONSHIP

TITLE OR ROLE

EFFY ZINKIN

TRUSTEE

INDIVIDUAL'S NAME

TITLE OR ROLE

MARC ECKO

TRUSTEE

EXPLANATION OF RELATIONSHIP

BUSINESS RELATIONSHIP

INDIVIDUAL'S NAME

TITLE OR ROLE

EFFY ZINKIN

TRUSTEE

INDIVIDUAL'S NAME

TITLE OR ROLE

RICHARD THRUSH

TREASURER

EXPLANATION OF RELATIONSHIP

TITLE OR ROLE

EFFY ZINKIN

TRUSTEE

INDIVIDUAL'S NAME

TITLE OR ROLE

MARCI TAPPER

TRUSTEE

EXPLANATION OF RELATIONSHIP

BUSINESS RELATIONSHIP

INDIVIDUAL'S NAME

TITLE OR ROLE

MARC ECKO

TRUSTEE

INDIVIDUAL'S NAME

TITLE OR ROLE

RICHARD THRUSH

TREASURER

EXPLANATION OF RELATIONSHIP

TITLE OR ROLE

MARC ECKO

TRUSTEE

INDIVIDUAL'S NAME

TITLE OR ROLE

MARCI TAPPER

TRUSTEE

EXPLANATION OF RELATIONSHIP

BUSINESS RELATIONSHIP

INDIVIDUAL'S NAME

TITLE OR ROLE

MARCI TAPPER

TRUSTEE

INDIVIDUAL'S NAME

TITLE OR ROLE

RICHARD THRUSH

TREASURER

EXPLANATION OF RELATIONSHIP

TIKVA CORP.

22-3779212

Form 990 , Part III Organization's Primary Exempt Purpose

Statement 7

Tikva Corporation (the "Corporation"), a not-for-profit corporation, was incorporated in the State of New Jersey on December 28, 2000 under the name of Odessa Orphanage Corp. The Corporation changed its name to Tikva Corporation via an amendment to its corporate charter on September 17, 2001. The Corporation's mission in 2002 was to provide funding to the Ohr Desa Project ("Ohr Desa"), which is carried out in the city of Odessa in the Ukraine. Ohr Desa is responsible for providing the following programs/services:

- 1. Orphanage for Jewish children serving children up to seventeen years old.
- 2. Schools for Jewish children which consist of kindergarten through high school.
- 3. Adult education program which provides night classes for Jewish persons.
- 4. Meals for elderly Jewish persons program which provides hot meals at the homes of these persons.
- 5. Synagogne for those of the Jewish faith to seek spiritual support.

TIKVA CORP.

22-3779212

Form 990, Part III
Organization's Primary Exempt Purpose

Statement 9

The Orphanage is for the benefit of certain Jewish children in the Ukraine. Jewish children who are orphans or members of a "socially needy family" are eligible to be taken in by the Orphanage. The determination as to whether a child is from a "socially needy family" is based upon the same criteria used by Ukrainian state orphanages, i.e. the child is abused or comes from a family in need of help because they have no food. The Orphanage does not charge any fee for the services provided. No one who has been determined to be eligible for placement in the Orphanage has been turned away and we hope to be able to continue this depending on funds available. The Orphanage is staffed by a combination of volunteers and paid staff members such as counselors, nurses, licensed doctors, and arts and craft instructors (a listing of paid employees, their positions, and education is attached as Exhibit 1). Salaries paid to staff members do not exceed what is a reasonable amount for the services provided.

The operation of the Orphanage helps Tikva to achieve one of its stated purposes, which is to perform charitable activities. This is because the Orphanage: (i) provides basic and fundamental care to children in need such as (A) food to prevent the children from becoming malnourished, and (B) shelter, medical care and clothing to enable the children to survive on a daily basis; and (ii) relocates children, once they obtain the age of 16, to Israel, where they would have greater opportunities to enjoy happy and productive lives.

Schools Tikva has now also assumed the operation of schools (the "Schools") in Odessa, Ukraine. Approximately 40% of Tikva's time will be devoted to the operation of the Schools. As indicated in the Form 1023, previously the Schools were operated by Ohr Somayach.

Pursuant to the Agreement the operation of the Schools have been transferred from Ohr Somayach to Tikva. Under the terms of the Agreement Ohr Somayach has agreed to lease, without charge, to Tikva a kindergarten facility (which contains playrooms, sleeping rooms and a kitchen and is located at 21 Mesayedevskaya, Odessa, Ukraine), a boy's high school (which contains classrooms, a gym, and a kitchen and is located at 5 Marini Raskovyo Drive, Odessa, Ukraine) and a girl's high school (which contains classrooms, a gym, and a kitchen and is located at 22 Tragova Street, Odessa, Ukraine) for a term of 99

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years. Further Ohr Somayach has agreed to assign its rights to a lease of an elementary school (which contains classrooms, a gym, and a kitchen and is located at 53 Parkovyo Street, Odessa, Ukraine) to Tikva. This lease, which is an oral lease, is with an entity unrelated to Tikva and its terms are at fair market value.

The Schools are for the benefit of educating Jewish children in general in the Ukraine, including but not limited to, Jewish orphaned children. No one eligible to attend the school who wants to attend has been turned down and we hope to be able to continue this depending on funds available. No fees are charged by the Schools for the privilege of attending the Schools or for any other reason. The Schools are staffed by a combination of volunteers and paid staff members such as headmasters, licensed teachers, administrators, nurses, and assistants (a listing of paid employees, their positions, and education is attached as Exhibit 2). Salaries paid to staff members do not exceed what is a reasonable amount for the services provided. The curriculum of the Schools, as discussed below, has been created based upon standards acceptable to various governmental agencies.

The operation of the Schools helps Tikva to achieve three of its stated purposes, which is to perform educational, charitable and religious activities. This is because the Schools provide a curriculum on a free basis to children designed to provide both a strong education in the basic subjects (i.e. classes in math, the sciences, art, language (including Hebrew), and history) and a spiritual education (i.e. classes discussing the cultural and religious heritage of the Jewish people). The curriculum was created and based upon standards of the Ukrainian Ministry of Education, the Israeli Ministry of Education, and Ohr Somayach and Tikva representatives.

Ancillary Programs Tikva has now also assumed the operation of an adult education program, a meals for elderly persons program, a Synagogue (which is located at 25 Evraiskaya, Odessa, Ukraine), a newspaper, and a television program (collectively the "Ancillary Programs") in Odessa, Ukraine. Approximately 2% of Tikva's time will be devoted to the operation of each of the Ancillary Programs, and thus approximately 10% in total of Tikva's time will be devoted to the operation of the Ancillary Programs. As indicated in the Form 1023, previously the Ancillary Programs were operated by Ohr Somayach.

Pursuant to the Agreement the operation of the Ancillary Programs has been transferred from Ohr Somayach to Tikva. (Ohr Somayach will not transfer any assets to Tikva with respect to the Ancillary Programs. Instead, Tikva will enter

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into informal oral agreements to use those assets and persons needed to conduct the Ancillary Programs.)

The Ancillary Programs are for the benefit of people of the Jewish faith in the Ukraine. No fees are charged for any of the Ancillary Programs. The Ancillary Programs are staffed by a combination of volunteers and paid staff members such as rabbis, licensed teachers, technicians, drivers and reporters. Salaries paid to staff members do not exceed what is a reasonable amount for the services provided.

The operation of the Ancillary Programs helps Tikva to achieve three of its stated purposes, which is to perform educational, charitable and religious activities. This is because the adult education program enables young adults to further their education by taking classes which will help them pursue a career. The meals for the elderly persons program provides hot meals throughout the week to needy elderly persons. The Synagogue provides a place of worship and reflection for all those people who are interested in seeking spiritual balance in their lives. The newspaper provides information newsworthy to those persons interested in the Jewish community. The television programs, which appear on two channels, provide community news, news about Israel, and information about Jewish religious traditions.